

Appendix

WIC open book quiz

WIC check redemption Checks that Require the Retailer Stamp ID

WASHINGTON STATE DEPARTMENT OF HEALTH
P.O. BOX 47806 OLYMPIA, WA 98504-7806
1-800-541-1410

"Babies were born to be breastfed"

Southern National Bank
Olympia, WA 98506

94-1988 1150662792
611

Client ID: 115016386 Client Name: Johnson, Jane B
Pay To: Any Washington WIC Approved Store

2 First Day To Use Aug 16, 2006 Transaction Date Last Day To Use Sep 16, 2006 6 Retailer Stamp ID Here

4 Can(s) Enfamil with iron, powdered, 14.3 oz (yellow can) 3

4 August 2006 10 5 Retailer must deposit this check within 90 days of "First Day To Use" Customer Signature - Show ID to match name below

1 Johnson, Mary Johnson, John

11506627926 1061119684 2501930

I Identification of the WIC customer

A. Name three forms of identification that can be used when taking a WIC check.

1. _____
2. _____
3. _____

B. WIC customer identification information is found on page _____ of the *Washington WIC Retailer Handbook*.

II Dates on WIC checks

A. What two dates are on a WIC check?

1. _____
2. _____

B. What will happen if a checker takes a post dated (future dated) WIC check?

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3 WIC approved food

A. What is the purpose of the WIC Nutrition Program?

B. The purpose of the WIC Program on page _____ of the Washington WIC Retailer Handbook.

C. Why is WIC good for babies? _____

D. What three places can you find information about WIC approved food?

1. _____, pages _____.

2. _____

3. _____

E. Retailers must maintain a minimum inventory of WIC foods. Find information about minimum inventory on pages _____ to _____ of the Washington WIC Retailer Handbook.

F. How many jars of peanut butter must be on the shelf at all times? _____

G. Retailers are required to maintain a minimum inventory of WIC approved food.

What does that mean? _____

H. Why is it a good idea to ring up WIC food in the order listed on the check?

I. Do WIC customers have to buy everything on the check? _____

J. If WIC retailers allow WIC customers to purchase unauthorized food items, or more food than the amount listed on the check what could happen?

WIC open book quiz

- K. Retailers can find information about sanctions on page _____ of the Washington WIC Retailer Handbook.

4 Actual Purchase Amount

- A. What does a checker write in the **Actual Purchase Amount** box?

- B. If a checker makes a mistake and writes an incorrect amount in the "Actual Purchase Amount Box", can it be corrected? _____

- C. Find information about making corrections to the "Actual Purchase Amount on page _____ of the Washington WIC Retailer Handbook.

- D. Why should retailers call the state WIC office if there are price increases to WIC approved foods?

5 Customer Signature box

- A. When does the WIC customer sign the WIC check? _____

- B. Who is allowed to sign a WIC check? _____

Retailer Stamp ID box

- 6 A. Why are retailers required to stamp their identification number on the WIC check? _____

- B. What will happen if WIC checks are deposited without being stamped? _____

- C. What should a retailer do if the WIC stamp is lost? _____

WIC open book quiz

D. Information about the WIC retailer stamp identification is found on page _____ of the Washington WIC Retailer Handbook.

E. Why should retailers use only black ink on the stamp? _____

⑦ Complaint system

A. Why are complaints good? _____

B. What do you do when you want to tell WIC about a WIC customer that is not following the WIC rules?

C. Information about complaints is found on page _____ of the Washington WIC Retailer Handbook.

D. Information about WIC customer compliance with WIC rules is found on page _____ of the Washington WIC Retailer Handbook.

E. An example of WIC customer non-compliance is: _____

⑧ Sanctions

A. Information about WIC Sanctions is found on page _____ of the Washington WIC Retailer Handbook.

B. What could happen if a retailer had a "pattern" of selling the wrong food to WIC customers? _____

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9 Compliance monitoring, investigations and claims

- A. What happens if there is an investigation of my store? _____

- B. If my store makes a mistake during an investigation what could happen?

- C. If my store owes WIC money, what will happen? _____

- D. Information about compliance monitoring and investigations is found on page _____
of the Washington WIC Retailer Handbook.

10 Other questions

- A. If I have questions about WIC where can I get answers? _____

- B. What questions do you have that we did not ask? _____

Forms on the following pages can be duplicated 

2006-2009



 Interactive Retailer Training

| | | |
|---------|----------|------|
| Trainer | Location | Date |
| | | |

By signing this training roster, you acknowledge that you have reviewed the WIC training materials and references. Your signature identifies you as a person who is familiar with the references and information provided by the Washington WIC Program.

| | Printed Name | Signature | Store you represent |
|----|--------------|-----------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |

TO: WASHINGTON STATE WIC PROGRAM

111 Israel Road SE
PO Box 47886
Olympia, WA 98504-7886
1-800-841-1410
<http://www.doh.wa.gov/cfh/WIC/default.htm>

FAX: (360) 236-2345

FAX

| | |
|---------|--------|
| Attn: | From: |
| | Pages: |
| Phone:: | Date: |
| Re: | cc: |

Please send the following WIC retailer materials:

- _____ Washington WIC Retailer Handbook(s) 2006-2009
- _____ WIC Shelf Talkers
- _____ WIC Door Sign
- _____ WIC Food Brochures in English
- _____ WIC Food Brochures in Spanish
- _____ WIC Food Brochures in Russian
- _____ WIC Food Brochures in Korean
- _____ WIC Food Brochures in Vietnamese
- _____ WIC Food Brochures in Chinese
- _____ WIC Food Brochures in Somali
- _____ WIC Food Brochures in Arabic
- _____ WIC Training CD – PowerPoint Presentation

Send to:

Store name:

Mailing address:



WIC CUSTOMER INCIDENT REPORT



Complete this form, then Fax it to the WIC Office at 360-236-3777, as soon as possible

Section 1 – Person Reporting the Incident

Reporting person's name: _____ Job title: _____

Phone #: _____ Current date: _____

Name of store: _____

Does this person wish to remain anonymous? Yes ☐ No ☐

Section 2 – Type of incident

WIC FOODS

- ☐ Customer tried to buy non-WIC foods
- ☐ Customer tried to buy more food than allowed
- ☐ Customer asked for rain check when food not available
- ☐ Customer tried to buy non-food items
- ☐ Customer tried to exchange WIC foods for cash or credit
- ☐ Customer tried to exchange WIC foods for non-WIC items

RUDE CUSTOMERS

- ☐ Customer verbally abused personnel
- ☐ Customer threatened personnel
- ☐ Customer physically abused personnel

WIC CHECK CASHING PROCEDURES

- ☐ Customer tried to use a check payable to another store
- ☐ Customer tried to use a check after the last day of use
- ☐ Customer tried to use a check before the first day of use
- ☐ Customer tried to use pre-signed check
- ☐ Customer tried to use check with non-matching signatures
- ☐ Customer changed or altered WIC checks
- ☐ Customer asked for cash back
- ☐ OTHER: _____

Description of incident: **Explain in detail any boxes you have marked:** (Use separate sheets of paper as needed and number each sheet)

Time of incident: _____ ☐ AM ☐ PM Date of incident: _____

Section 3 – Person the incident is about:

Person's Name: _____ Client ID #: _____

Check #(s): _____

Confidentiality Notice:

This fax message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

For State WIC Use Only:

☐ Education ☐ Immediate ☐ Investigation ☐ To RMT ☐ Other Priority: _____
Reviewer: _____ Date: _____

Revised 2/7/2006

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Complaint follow up needed:

- ☐ Education
- ☐ Immediate
- ☐ Investigation
- ☐ Forward to Retailer Management Team
- ☐ Other: _____

Priority:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Reviewer: _____

Date: _____



Washington State WIC Nutrition Program

P.O. Box 47886

Olympia, WA 98504-7886

1-800-841-1410

www.doh.wa.gov/cfh/WIC

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If you want to file a complaint of discrimination based on race, color, national origin, sex, age or disability, write to Director, Office of Civil Rights, United States Department of Agriculture, Whitten Building, Room 326-W, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). You may also call the Western Region Office of Civil Rights at 1-888-271-5983.